PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 SEP -7 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000054943

1. Corporation Name
LKLB OF FLORIDA, INC.

REINSTATEMENT 99-00

2. Principal Office Address	3. Mailing Office Address
1400 Estero Blvd.	1400 Estero Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Myers Beach, FL	City & State: Fort Myers Beach, FL
Zip: 33931 / Country: USA	Zip: 33931 / Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 6/27/96 **SP**

5. FEI Number: Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: ~~Corporation Service Company~~ Michael R. Whitt, Esq., Becker & Poliakoff, P.A.

Street Address (P.O. Box Number is Not Acceptable): ~~2711 Centerville Road~~ 13515 Bell Tower Dr., #101

Suite, Apt. #, Etc.

City: Fort Myers ~~Wilmington~~ State: FL Zip Code: 33907 ~~19808~~

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: 9/6/00

REGISTERED AGENT MUST SIGN

CR2E031 (9/99)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Robert Conidaris	1400 Estero Blvd.	Fort Myers Beach, FL 33931
DV	Neal Van Vliet	1400 Estero Blvd.	Fort Myers Beach, FL 33931

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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Neal Van Vliet — 8-23-00 — 941-463-3111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #